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ABSTRACT

The paper reviews adolescent development and considers the teacher's role in dealing with a compulsive substance abuser. Typical characteristics of substance abusers, such as isolation or withdrawal from the family unit, decreased academic achievement, initial denial of a drug/alcohol problem, and interactions with a negative peer group are noted, as are other signs of behavior change observable in the classroom. The importance of team intervention is emphasized. Suggestions for relationship building with the student include gathering information about personal interests and helping the student to identify feelings. A sincere yet direct approach is advocated for working with the parents. (CL)

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"Teacher Intervention for the Adolescent Substance Abuser"

Sue A. Polzella and Marilyn Selinger

Adolescence is a period of life which begins with the physical event known as puberty, and ends with a less well-delineated psychological event, the formation of an adult identity. The subject of adolescence has received considerable attention, both on a theroetical and empirical level. Stanley Hall, who has been referred to as the father of adolescent psychology, postulated that this period of development was a time of "storm and stress."

Psychoanalytic work built on the idea of "storm and stress" focused on the sexual conflicts of the period. Since that time people such as Piaget, Erickson, and Kohlberg have further increased our understanding of adolescence (Miller, 1978). While many gaps in our knowledge concerning adolescent development still remain, there is common agreement in the field that adolescence is a time of transition, a time during which the child becomes an adult. Given that adolescence is a time of transition, it is important to focus for a moment on the nature of the traditional tasks of an adolescent's development.

Every adolescent must learn to adapt to the profound physical changes that take place during this period. Not only does the final 25% of linear growth and almost 50% of the ideal body weight growth take place, but the development of secondary sexual characteristics also occurs (Barnes, 1975; Shearin & Jones, 1979). It is important then for the adolescent to learn to accept his changing physique and adapt to the presence of sexual impulses.

Intertwined with adapting to physical changes is attaining personal autonomy and achieving intimacy with others. Erickson referred to these tasks in his discussion of adolescence as a time for identity formation, a period

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in which the adolescent focuses on self-definition (Erickson, 1956). In order to achieve self-definition the adolescent must first separate himself emotionally from his parents. Thus, the adolescent begins to rely increasingly on his peer group for advice and support. Through these interactions with peers, both of the same sex and of the opposite sex, the adolescent begins to develop some overall sense of identity and a sense of masculine or feminine social roles. He learns how to form more mature and intimate hererosexual relationships, and in this way prepares himself for later marriage and family life.

While it is important that the adolescent separate himself emotionally from his parents, it is likewise important that he set the stage for becoming a productive member of society. In order to do this he must desire and achieve socially responsible behavior. He must acquire values and ethics that will guide his behavior in a variety of situations. Economic independence is a necessity, thus it is also important that the adolescent begin selecting and preparing for an occupation.

An adolescent will begin to encounter difficulties when he find himself unable to cope with his physical changes, his journey towards personal autonomy, his need for intimacy with others, and other developmental states of adolescence. The frustrations he encounters in his personal world among family, peers, teachers, and employers will build if he finds himself unable to deal effectively with stressful and increasingly adult-like situations.

Escapes from continued frustrating situations may take the form of drug and alcohol abuse, running away, or committment of suicide (Lotsof, 1978). It is the adolescent's escape into drug and alcohol abuse (substance abuse) that this paper will address.

Not all youth who find adolescence exceedingly difficult to adjust to will become substance abusers. Likewise, not all youth who experiment with drugs will become abusers. But there is a small group of young people who will find themselves caught up in a compulsive drug using pattern that they are ultimately unable to alter without professional intervention and counseling.

Drug users have been classified categorically in order to make the point that not all users are abusers. This is important for educators, counselors, parents and so forth to remember as the approach to the youth will differ depending on the extent of his drug usage.

Lotsof (1978) refers to five classifications of users in which an individual may move from one category to another. The categories are:

1. Episodic (drugs taken situationally, perhaps under stress)
2. Religious (drugs used as a vehicle towards a spiritual experience)
3. Experimental (drugs taken out of curiosity or as a result of peer pressure)
4. Recreational (use of drugs to increase pleasure; heighten social experience)
5. Compulsive (driven by drug use; no longer able to cope effectively on a daily basis nor able to solve problems. Motivated by where to get his next "high.")

It is the compulsive substance abusing youth who will find himself unable to function within a regular school environment. He will be the youth that will require a) immediate intervention; b) educational and psychological evaluations; c) referral for counseling and a special educational environment.

Each of these three areas raise a lot of questions from educators. The

primary concern is "How?" How do I know when a student is using drugs? How do I talk to his parents about this? How is a referral made and to where?

Based on descriptive data of the treatment program the authors represent there appears to be a basic behavioral profile of the substance abusing youth that may answer in part the means of recognizing a compulsive drug abuser. In general the youth may exhibit some or all of the following characteristcs:

1. Isolation/withdrawal from the family unit
   - Indicated by spending an increasing amount of time in his room or away from the home.
2. Disintegration of the family communication structure
   - Indicated by increased parent-child arguments.
   - Indicated by refusal to talk with family members, including siblings.
3. Interactions with a negative peer group
   - Indicated by associations with peers also involved in drug usage.
   - Possible associations with older youth who may have already dropped out of school.
   - Indicated by withholding of information to parents regarding friends and activities.
4. Pattern of decreased academic achievement
   - Indicated by school failure when the youth has average/above average potential.
   - Indicated by an increase in truancy behaviors (may come to school but does not attend class).
   - Indicated by an increase in behavior problems, ranging from unresponsiveness to aggressiveness.

- Possible occurrence of or increase of suspensions, possible expulsion.

5. Initial denial of a drug/alcohol problem
   - Indicated by an indifferent attitude of "That's not my problem."
   - Inability to recognize his compulsive patterns of drug usage.
   - Low motivation for treatment/counseling.
   - Possible run-away behaviors when faced with the prospect of counseling or school removal.

Demographically, youth substance abusers, both male or female, cross all socioeconomic brackets, have received varying amounts of education and range from borderline to above average intelligence.

Other signs and symptoms indicating a change in behavior which could be used as guideposts for the classroom are:

A. Observable Class Behavior
   1. Sleeping
   2. Staring
   3. Unresponsiveness
   4. Tardiness
   5. Truancy
   6. Preoccupation

B. Physical Symptoms
   1. Red, bloodshot eyes
   2. Glassy eyes
   3. Dilated Pupils
   4. Stumbling gait
   5. Nausea
   6. Vomiting

7. Flushed skin/Pale skin
8. Headaches
9. Cramps

C. Attitude Change

1. Hostility
2. Aggressiveness
3. Withdrawal
4. Belligerence
5. Highly emotional

The above listed signs and symptoms must be approached with caution as they can be indicative of a variety of conditions not related to drug usage. They are beneficial as supporting documentation when there is a strong suspicion of drug abuse and they will be helpful to the educator who is attempting to gather information for the first phase of intervention.

Intervention is a significant yet difficult process. Many times a youth does not receive needed counseling until a crisis point is reached.

Intervention helps to curb the number of crises by responding to the youth before a critical situation has arisen, i.e. drug overdose, criminal involvement, runaway.

The process itself can be viewed in a step-wise fashion. An eclectic approach drawing on the theories of such individuals as Gordon (1975), Dreikurs & Soltz (1964), and Glasser (1975) is used in outlining the general methodology by which teachers can approach students they suspect of substance abuse.

The first step is in the formation of a team which should include the teacher and two or three other educators. (i.e. another teacher, guidance counselor, principal). Using a team approach will provide support to the

teacher directly involved with the student, will provide objective sources of information regarding the youth, and will supply alternative resources to the parents when they are presented with the data regarding the suspected drug usage of their son or daughter.

Once the team is formed, the second step the teacher will need to take is the gathering of factual information pertaining to observed signs and symptoms which will be presented to the team. Eventually it is this information that will be given to the parents.

Approaching the student is the third step in the process. An important thing to remember is to establish a relationship before expecting the student to open up. Forming a relationship can be very difficult if the student feels pushed to disclose information regarding his drug usage or if he feels the teacher's only interest is to find evidence that can create problems for him. Moving slowly into the relationship will help as long as the youth's needs are not immediate or life-threatening.

Several suggestions for relationship building are:

a. Establishing rapport (Praise when possible; use of nonverbals; use of student's name; using your own language; genuine approach)

b. Gathering Information (Asking questions in the following areas:)

   1. Personal Interests (hobbies, sports, music, job, driver's license)
   2. Friends (activities, dating)
   3. Family (chores, communication, consequences, parents)

c. Identifying Feelings (This will be difficult for a youth to respond to as he doesn't wish to be placed in a vulnerable position.)

   1. The use of active or reflective listening will help.
   2. Base your identification on what you observe. For example, "You seem a little upset today." or "You look pretty happy today."

d. Identifying Problems (A key element is to trust in the youth to solve his own problems.)

1. Avoid offering solutions or an analysis of the situation. Avoid the communication roadblocks described by Gordon (1975).

2. Basically listen to what the youth has to say.

A cry for help from the youth can come in many different forms. Examples may include; drug overdose, acting-out, running away, physical aggression, or deliberate attempts to get caught in rule violation. He may be asking you to initiate the intervention process if it isn't already underway.

Another phase of intervention is in the approach to the parents. Relying on the team will provide support and will also provide the necessary impact the parents may need to realize their child may be using drugs.

There will be a variety of reactions to the information the team presents ranging from passive acceptance to strong denial. Several suggestions include:

a. A sincere yet directive approach.

1. Avoidance of stating your suspicions may further confuse the parents as to why the conference was called.

b. Establishment of a positive atmosphere.

1. All children have positive assets which can be stated to help alleviate tension and a potential feeling of parental helplessness.

c. Provide the list of behavioral observations to the parents.

1. Giving concrete behaviors and occurrences will help to decrease rationalization and will help increase a parent's insight into what the educating team has observed.

2. These signs and symptoms will in turn aid parents in approaching their son or daughter and will alert the parents as to what to look for.

d. Provide recommendations to the parents as to the steps they can take.

1. Include such resource personnel as the guidance counselor, school psychologist, minister, specialized drug agency, community mental health centers and so forth.

Educational and psychological evaluations can be completed through a screening process conducted by a diagnostic team within the school. This will include educational testing to determine the approximate grade level functioning of the youth and will also include a psychological assessment to determine the youth's emotional functioning.

These evaluations provide assistance in determining whether a special education placement is needed in perhaps a secondary classroom for severe behavior disorders (S.B.D). For a youth with a compulsive drug usage pattern, a highly structured environment, such as an S.B.D. classroom, may provide the only alternative to successful academic achievement in conjunction with a strong therapeutic intervention.

Working with the problem of substance abuse is complex and challenging. Educator intervention is a vital part of the process in assisting students, their families, and those providing treatment. It is an integral part of the cycle that can no longer be ignored or avoided. As stated by Lotsof (1978):

> "...All educators have a responsibility in educating troubled youth; the practicing special educator a major mission, the regular educator the first line of defense. To be forewarned is to be forearmed, and the ammunition necessary is information that permits an accurate assessment of the amount and degree of problem, and the resources needed to help."

References

Barnes, H.V. Physical growth and development during puberty. Medical Clinic North America, 1975, 59(6). 1305.

Driekurs, R. with Soltz, V. Children: the challenge. New York: Hawthorn Books, Inc., 1964.

Erickson, E.H. The problem of ego identity. Journal of American Psychoanalytic Association, 1956, 4:56-121.

Glasser, W. Reality therapy. New York: Harper & Row, 1975.

Gordon, T. Parent effectiveness training. New York: Plume, 1975.

Lotsof, A.B. Behavior related to suicides, runaways, alchohlism, and drug abuse. In D.A. Sabatino & A.J. Mauser (Eds.), Intervention strategies for specialized secondary education. Boston: Allyn & Bacon, 1978. Pp. 157-198.

Miller, J.P. Piaget, Kohlberg, & Erickson: developmental implications for secondary education. Adolescence, Summer 1978, 13(50), 237-250.

Shearin, R. & Jones, R.L. Puberty & associated medical disorders of adolescence. In J.R. Novello (Ed.), The short course in adolescent psychiatry. New York: Brunner/Mazel, 1979.